05-10-1999 90137 028 ***150.00

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Mailing Address

604 NW 7TH STREET

DELRAY BEACH FL 33444

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000022396

1. Corporation Name

Principal Place of Business

604 NW 7TH STREET

CITY-ST-ZIP

DELRAY BEACH FL 33444

BRIGHT ASSOCIATES INTERNATIONAL, INC.

						03/22/1993			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Ap	plied For	
21	26					65-0398156	No	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75	Additional	
27						5. Cartificate of Status Desired	Fee Re	quired	
City & State City & State						6. Election Campaign Financing	\$5.00		
23 28						Trust Fund Contribution	Added	o Fees	
Zip	Country	Zip	Cor	intry		8. This corporation owes the current year Intan			
24 25 29 36				<u>o</u>		Personal Property Tax. Yes No			
	9. Name and Address of Curren	nt Registered Agent		1		10. Name and Address of New Registered Ag	ent		
BRIDIES BIOLIAND E					81 Name				
BRIGHT, RICHARD E					Street Addre	ess (P.O. Box Number is Not Acceptable)	-		
604 NW 7 ST				Щ					
DELRAY BEACH FL 33444				83					
				84	City		85 Zip (Code	
					,	ration submits this statement for the purpose of ch			
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505,	-lorida Stat	utes.		n's board of directors. I hereby accept the appointr	_		
40	Signature, typed or printed name of registered age		13.	Agen	t signature required	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	
12.	DP OFFICERS AF	ND DIRECTORS DELETE	1,1 TI	TI E	-		Change	Addition	
TITLE	-		1.2 N			`	_ ,		
NAME	BRIGHT, RICHARD E				ADDDECC				
STREET ADDRESS	604 NW 7 ST				ADDRESS				
CITY-ST-ZIP	DELRAY BEACH FL	☐ DELETE	1.4 C 2.1 TI	TY-SI	1-2119		Change	Addition	
TITLE	ND DONNA M		2.1 N					_	
NAME	BRIGHT, DONNA M				ADDRESS				
STREET ADDRESS	604 NW 7 ST DELRAY BEACH FL								
CITY-ST-ZIP	DELRAT BEAUTIFL	DELETE		TLE-	T-ZIP		Change	Addition	
TITLE		_ 000010	3.1 N		•		_;		
NAME CTDEET ADDDEED					ADDRESS				
STREET ADORESS				ITY-S				•	
CITY-ST-ZIP TITLE		☐ DELETE	4.1 T				Change	☐ Addition	
NAME			•	IAME					
STREET ADDRESS			II		ADDRESS				
CITY-ST-ZIP				TY-S					
TITLE		☐ DELETE	5.1 T	_			Change	Addition	
NAME	1		5.2 N						
STREET ADDRESS	}		5.3 S	TREET	T ADDRESS				
CITY-ST-ZIP			5.4 C	iTY-S	T-ZiP				
TITLE		☐ DELETE	6.1 T				Change	Addition	
NAME			6.2 N	AME					
STREET ADDRESS			6.3 S	TREE1	F ADDRESS				
a REE I AUURESS	1								

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.